

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20606**

FILED JUL 8 1957

BIRTH NO. _____		REG. DIST. NO. <u>103</u>		PRIMARY REG. DIST. NO. <u>5417</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Dunklin Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Reeves, Mo.</u>		c. LENGTH OF STAY (In this place) <u>12 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reeves, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Box 44</u>			
3. NAME OF DECEASED (Type or Print) <u>Odie</u>		a. (First)		b. (Middle)		c. (Last) <u>Payne</u>	
4. DATE OF DEATH <u>6</u> <u>18</u> <u>57</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>6/12/</u>		9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Tipton Co., Tenn.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		12. CITIZEN OF WHAT COUNTRY? <u>/</u>			
13a. FATHER'S NAME <u>Ben Payne</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Woods</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Payne Reeves, Missouri Box 44</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>/</u>		16. SOCIAL SECURITY NO. <u>/</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Payne Reeves, Missouri Box 44</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage c right hemiplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u> <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>331X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2 Jan.</u> , 19 <u>57</u> , to <u>18 June</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>18 June</u> , 19 <u>57</u> , and that death occurred at <u>9 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title)		23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>6/19/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/20/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>No. 9 Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East Blytheville, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>6-28-57</u>		REGISTRAR'S SIGNATURE <u>Aue Palenake</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cecil V. Horne Blytheville, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

any from giving

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-5-57
COUNTY FILE NUMBER 757-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No. 123

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.